

FILED 25493
APR 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. 15998
Registrar's No. 3566

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS NORMANDY 4171	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			d. STREET ADDRESS (If rural, give location) 329 TOWER GROVE DRIVE		
3. NAME OF DECEASED (Type or Print) Baby Boy		a. (First) Baby Boy		b. (Middle) Weckfessel	
c. (Last) Weckfessel		4. DATE OF DEATH (Month) (Day) (Year) 4-2-53			
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH 4-3-53		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months Days 0 1 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Arthur William Weckfessel		13b. MOTHER'S MAIDEN NAME Dorothy Julia Vogts	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur William Weckfessel, 329 Tower Grove Dr.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immature Baby - duration 28 weeks		ANTECEDENT CAUSES		DUE TO (b) Premature rupture of membranes	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 774X					
22. I hereby certify that I attended the deceased from April 2, 1953 to April 3, 1953, that I last saw the deceased alive on April 3, 1953, and that death occurred at 1:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Fred V. Emmert M.D.		(Degree or title)		23b. ADDRESS 508 N. Grand	
23c. DATE SIGNED 4-4-53		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4/4/53	
24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.			
DATE REC'D BY LOCAL REG. APR 4 1953		REGISTRAR'S SIGNATURE Carl Keith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 NAT'L BRIDGE BL.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed Ralph C. Lindner

Signed.....
Student Embalmer

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.